#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

## **Facility Information**

**Facility Name: ELLA BESAW CENTER (410245)** 

Address: N8697 MOH-HE-CON-NUCK ROAD, BOWLER, WI 54416

License Status: REGULAR

Licensed/Certified/Registered 05/16/1991

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0096147 End Date: 12/01/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009495 Served 01/09/2006

Deficiencies Cited Subject Area Subject Area Verified

83.14(7)(b) CONTINUING EDUCATION

83.41(4)(b)2 GAS FURNACE SERVICED EVERY 3 YEARS

Survey ID: 0091465 End Date: 10/14/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10006450 Served 11/03/2003

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.41(4)(b)2GAS FURNACE SERVICED EVERY 3 YEARS11/29/2005No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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## **Enforcement History**

Date: 01/06/2006 SOD #10009495 Appealed: No

**Sanctions** 

FORFEITURE---83.14(7)(b)

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**Complaint History** 

Date Complaint Received: 07/07/2003 Date Investigation Completed: 10/14/2003

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

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